

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA  
2001/02  
FORM

460

Page 1 of 53

For Official Use Only

Statement covers period

from 01/01/2011

through 12/31/2011

Date of election if applicable:  
(Month, Day, Year)

06/05/2012

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☒ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☒ Amendment (Explain below)

Corrections to filing period and payee street address

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1340636

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
HEALEY FOR ASSEMBLY 2012

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SHERMAN OAKS</u>	<u>CA</u>	<u>91411</u>	<u>(818)989-1639</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER  
Marcia Davalos

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sherman Oaks</u>	<u>CA</u>	<u>91411</u>	<u>8189891639</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

8189891639 / marcia@electhealey.com

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/11/2012 By Marcia Davalos

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/11/2012 By Laurette Healey

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 53

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Laurette Healey

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

State Assembly Person

Assembly District

46

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Sherman Oaks

CA

91411

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Committee**

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 3 of 53

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Laurette Healey

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

State Assembly Person

Assembly District

46

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Sherman Oaks CA 91411

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Committee**

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2011</u> through <u>12/31/2011</u>	<b>CALIFORNIA FORM 460</b> Page <u>4</u> of <u>53</u> I.D. NUMBER 1340636
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
HEALEY FOR ASSEMBLY 2012

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$101,486.00	\$101,486.00
2. Loans Received .....	Schedule B, Line 7	\$48,000.00	\$48,000.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$149,486.00	\$149,486.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$16,075.00	\$16,075.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$165,561.00	\$165,561.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$8,526.49	\$8,526.49
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$8,526.49	\$8,526.49
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$16,075.00	\$16,075.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$24,601.49	\$24,601.49

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$0.00
13. Cash Receipts .....	Column A, Line 3 above	\$149,486.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$0.00
15. Cash Payments .....	Column A, Line 8 above	\$8,526.49
16. <b>ENDING CASH BALANCE</b> .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$140,959.51

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$0.00
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$48,000.00

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A






## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2011		
through 12/31/2011		Page 5 of 53
NAME OF FILER HEALEY FOR ASSEMBLY 2012		I.D. Number 1340636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/13/2011	Paul Waters Valley Village, CA 91607 Memo Reference: 2	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	1st Community Insurance Services Insurance Agent	\$100.00	\$100.00	
9/21/2011	David Codell West Hollywood, CA 90069 Memo Reference: 3	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Codell Attorney	\$500.00	\$500.00	
9/29/2011	Sandra Chandler Valley Glen, CA 91401 Memo Reference: 4	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sandra Chandler Film Production	\$3,900.00	\$3,900.00	
10/4/2011	LJ Carusone Venice, CA 90291 Memo Reference: 5	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partnership for Los Angeles Schools Development Manager	\$100.00	\$100.00	
10/5/2011	Audrey Duffy Pacoima, CA 91331 Memo Reference: 6	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Audrey Duffy Insurance Agent	\$250.00	\$250.00	

**SUBTOTAL**

### Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$99,450.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$2,036.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$101,486.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC






# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2011</u> through <u>12/31/2011</u>		<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>53</u>		
NAME OF FILER HEALEY FOR ASSEMBLY 2012		I.D. Number 1340636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2011	Patrick Santos north hollywood, CA 91601 Memo Reference: 7	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patrick Santos Attorney	\$100.00	\$100.00	
10/18/2011	Jarrow Rogovin Los Angeles, CA 90069 Memo Reference: 8	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jarrow Formulas, Inc. Corporate President	\$500.00	\$500.00	
10/18/2011	Tod Burnett Irvine, CA 91612 Memo Reference: 9	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOCCCD Educator	\$3,900.00	\$3,900.00	
10/18/2011	Kevin Lynn Los Angeles, CA 90014 Memo Reference: 10	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ryan, LLC Manager	\$300.00	\$300.00	
10/18/2011	JL Scheer Los Angeles, CA 90004 Memo Reference: 11	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JL Scheer Writer/Actor	\$100.00	\$100.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2011</u> through <u>12/31/2011</u>		<b>CALIFORNIA FORM 460</b> Page <u>7</u> of <u>53</u>
I.D. Number 1340636		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
HEALEY FOR ASSEMBLY 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2011	Diane Goodman Encino, CA 91316 Memo Reference: 12	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law and Mediation Office of Diane M. Goodman, APC Attorney	\$250.00	\$250.00	
10/27/2011	Aubrey Stone Rancho Cordova, CA 95742 Memo Reference: 13	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO California Black Chamber of Commerce	\$500.00	\$500.00	
10/26/2011	Harvey Berg Studio City, CA 91604 Memo Reference: 14	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Berg Consulting Group Consultant	\$500.00	\$500.00	
11/1/2011	Paul Koretz for City Council Los Angeles, CA 90010 Committee ID: 1300860 Memo Reference: 15	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
11/2/2011	Jeffrey Prang for Assembly 2012 Lincoln, CA 95648 Committee ID: 1334115 Memo Reference: 16	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,900.00	\$3,900.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2011		
through 12/31/2011		Page 8 of 53
NAME OF FILER HEALEY FOR ASSEMBLY 2012		I.D. Number 1340636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/2/2011	Schroer Family LLC Westlake Village, CA 91361 Memo Reference: 17	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
11/3/2011	Trade Winds Mobile Associates, LLC Rosemead, CA 91770 Memo Reference: 18	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$125.00	\$125.00	
11/3/2011	Golden State Mobile Lodge LP Irvine, CA 92606 Memo Reference: 19	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$125.00	\$125.00	
11/21/2011	Brian Pendleton Los Angeles, CA 90068 Memo Reference: 20	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cause Force, Inc. President/Owner	\$500.00	\$500.00	
11/22/2011	Neil Carrey Santa Monica, CA 90402 Memo Reference: 21	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Baker & Hostetlop, LLP Attorney	\$100.00	\$100.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2011</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2011</u>		
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NAME OF FILER HEALEY FOR ASSEMBLY 2012		I.D. Number 1340636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2011	John Duran West Hollywood, CA 90069 Memo Reference: 22	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Duran Law Group Attorney	\$250.00	\$250.00	
11/15/2011	Chris Vu Los Angeles, CA 90069 Memo Reference: 23	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HMS System Analyst	\$500.00	\$500.00	
11/15/2011	Veritas Campaigns Van Nuys, CA 91401 Memo Reference: 24	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
11/15/2011	John Cleary Los Angeles, CA 90031 Memo Reference: 25	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	USC Admin	\$250.00	\$250.00	
11/15/2011	Myron Smith Los Angeles, CA 90046 Memo Reference: 26	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Genesis Financial President	\$100.00	\$350.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2011 through 12/31/2011		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER HEALEY FOR ASSEMBLY 2012		I.D. Number 1340636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/4/2011	Javier Angulo Los Angeles, CA 90031 Memo Reference: 27	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Walmart Stores Inc Retail	\$500.00	\$500.00	
12/5/2011	Susan Cabral-Ebert Glendale, CA 91206 Memo Reference: 28	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IATSE Local 706 President / Asst Bus Rep	\$100.00	\$100.00	
12/6/2011	Patrick Furey Van Nuys, CA 91401 Memo Reference: 29	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Veritas Campaigns Consultant	\$250.00	\$250.00	
12/6/2011	Michael Lewis West Covina, CA 91791 Memo Reference: 30	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lewis & Company, Inc. Principal	\$500.00	\$500.00	
12/9/2011	LJ Carusone Venice, CA 90291 Memo Reference: 31	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partnership for Los Angeles Schools Development Manager	\$250.00	\$350.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2011</u> through <u>12/31/2011</u>		<b>CALIFORNIA FORM 460</b>
Page <u>11</u> of <u>53</u>		
NAME OF FILER HEALEY FOR ASSEMBLY 2012		I.D. Number 1340636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/6/2011	Roland Palencia Los Angeles, CA 90027 Memo Reference: 32	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Roland Palencia Consultant	\$250.00	\$250.00	
12/10/2011	Geneva Healey Massapequa, NY 11758 Memo Reference: 33	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$3,900.00	\$3,900.00	
12/11/2011	California Podiatric PAC Sacramento, CA 95816 Committee ID: 790860 Memo Reference: 34	 <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
12/12/2011	Debra Spector Los Angeles, CA 90067 Memo Reference: 35	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$150.00	\$150.00	
12/13/2011	Paula Teske Los Angeles, CA 90034 Memo Reference: 36	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paula Teske Attorney	\$250.00	\$250.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee






# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2011</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2011</u>		
		Page <u>12</u> of <u>53</u>
NAME OF FILER HEALEY FOR ASSEMBLY 2012		I.D. Number 1340636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/17/2011	Leonard Mata Downey, CA 90241 Memo Reference: 37	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Leonard Mata Consultant	\$1,000.00	\$1,000.00	
12/20/2011	Mort Allen Studio City, CA 91604 Memo Reference: 38	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allen Realty President	\$500.00	\$500.00	
12/21/2011	Barry Leonard Panorama City, CA 91402 Memo Reference: 39	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barry Leonard Optometrist	\$250.00	\$250.00	
12/21/2011	Betsy Healey Massapequa, NY 11758 Memo Reference: 40	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nassau County Admin	\$3,900.00	\$3,900.00	
12/22/2011	David Fleming Studio City, CA 91604 Memo Reference: 41	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Fleming Attorney	\$2,000.00	\$2,000.00	
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee






# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2011</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2011</u>		
		Page <u>13</u> of <u>53</u>
NAME OF FILER HEALEY FOR ASSEMBLY 2012		I.D. Number 1340636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/22/2011	CAHU-PAC Fresno, CA 93726 Committee ID: 892177 Memo Reference: 42	 <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,900.00	\$3,900.00	
12/23/2011	Pechanga Band of Luiseno Indians Temecula, CA 92593 Memo Reference: 43	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	
12/23/2011	Arman Gabay West Hollywood, CA 90069 Memo Reference: 44	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Excel Property Management Services, Inc Real Estate Dev't & Mgt	\$1,000.00	\$1,000.00	
12/23/2011	The Doctors Company PAC Napa, CA 94558 Memo Reference: 45	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
12/23/2011	Ralph Healey Garden City, NY 11530 Memo Reference: 46	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nassau County Attorney	\$3,900.00	\$3,900.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2011</u> through <u>12/31/2011</u>		<b>CALIFORNIA FORM 460</b>
Page <u>14</u> of <u>53</u>		
NAME OF FILER HEALEY FOR ASSEMBLY 2012		I.D. Number 1340636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/23/2011	John Stegner Massapequa, NY 11758 Memo Reference: 47	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$3,900.00	\$3,900.00	
12/22/2011	Richard Jacobs Los Angeles, CA 90046 Memo Reference: 48	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Jacobs Investor	\$100.00	\$100.00	
12/28/2011	Carlos Davalos Santa Clarita, CA 91390 Memo Reference: 49	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carlos Davalos Manufacturing	\$3,900.00	\$3,900.00	
12/28/2011	Kristi Davalos Santa Clarita, CA 91390 Memo Reference: 50	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kristi Davalos Medical Billing	\$3,900.00	\$3,900.00	
12/28/2011	Miguel Davalos Chatsworth, CA 91311 Memo Reference: 51	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Miguel Davalos Designer	\$3,900.00	\$3,900.00	
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee






# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2011</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2011</u>		
		Page <u>15</u> of <u>53</u>
NAME OF FILER HEALEY FOR ASSEMBLY 2012		I.D. Number 1340636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2011	Barbra Davalos Chatsworth, CA 91311 Memo Reference: 52	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Grand Avenue PR Public Relations	\$3,900.00	\$3,900.00	
12/29/2011	NWPC CA PAC Fullerton, CA 92832 Memo Reference: 53	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
12/29/2011	Malila Davalos Chatsworth, CA 91311 Memo Reference: 54	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Malila Davalos Sales/Marketing	\$3,900.00	\$3,900.00	
12/28/2011	Geovanny Rodriguez Chatsworth, CA 91311 Memo Reference: 55	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mechanix Wear Sales	\$3,900.00	\$3,900.00	
12/29/2011	Miguel Davalos Chatsworth, CA 91311 Memo Reference: 56	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Silver King Owner	\$3,900.00	\$3,900.00	
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2011</u> through <u>12/31/2011</u>		<b>CALIFORNIA FORM 460</b>
Page <u>16</u> of <u>53</u>		
NAME OF FILER HEALEY FOR ASSEMBLY 2012		I.D. Number 1340636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/29/2011	Maria Davalos Chatsworth, CA 91311 Memo Reference: 57	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Silver King Owner	\$3,900.00	\$3,900.00	
12/30/2011	Cecilia Cabello Los Angeles, CA 90026 Memo Reference: 58	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mercury Public Affairs Vice President	\$250.00	\$250.00	
12/30/2011	Rosemary Sullivan San Diego, CA 92101 Memo Reference: 59	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rosemary Sullivan Attorney	\$3,900.00	\$3,900.00	
12/28/2011	A Body Shop Los Angeles, CA 90216 Memo Reference: 60	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
12/31/2011	Linda Garcia Alhambra, CA 91801 Memo Reference: 61	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAUSD School Counselor	\$500.00	\$500.00	
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee








# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2011</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2011</u>		
		Page <u>17</u> of <u>53</u>
NAME OF FILER HEALEY FOR ASSEMBLY 2012		I.D. Number 1340636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2011	Rickey Gelb Encino, CA 91316 Memo Reference: 82	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gelb Enterprises Managing General Partner	\$250.00	\$250.00	
11/10/2011	LA Checker Cab Cooperative Inc Van Nuys, CA 91411 Memo Reference: 83	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA Checker Cab Cooperative Inc Principal	\$500.00	\$500.00	
11/4/2011	Christopher Landavazo Los Angeles, CA 90036 Memo Reference: 84	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Sheriff's Department Deputy Sheriff	\$250.00	\$250.00	
12/6/2011	Sam Smith Los Angeles, CA 90046 Memo Reference: 85	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Genesis Financial President	\$250.00	\$350.00	
11/15/2011	Fritz Hoelscher Newport Beach, CA 92663 Memo Reference: 86	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fritz Hoelscher Management	\$500.00	\$500.00	
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee





# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2011</u> through <u>12/31/2011</u>		<b>CALIFORNIA FORM 460</b>
Page <u>18</u> of <u>53</u>		
NAME OF FILER HEALEY FOR ASSEMBLY 2012		I.D. Number 1340636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/21/2011	Phillip Healey Massapequa, NY 11758 Memo Reference: 87	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Lynbrooke Supervisor of Public Works	\$3,900.00	\$3,900.00	
12/23/2011	Lauren Healey Garden City, NY 11530 Memo Reference: 88	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Garden City School District Teacher	\$3,900.00	\$3,900.00	
11/14/2011	Elizabeth Rogers Camarillo, CA 93012 Memo Reference: 89	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elizabeth Rogers Business Owner	\$200.00	\$200.00	
12/29/2011	Brian O'Connor Riverview, FL 33578 Memo Reference: 90	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$3,900.00	\$3,900.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>				\$99,450.00		

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 01/01/2011  
through 12/31/2011

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
HEALEY FOR ASSEMBLY 2012

I.D. NUMBER  
1340636

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Laurette Healey Sherman Oaks, CA 91411 Memo Reference: 62  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Director Pierce College		\$8,000.00	<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$48,000.00  DATE DUE	 RATE %  	\$8,000.00  11/1/2011 DATE INCURRED	CALENDAR YEAR \$48,000.00 PER ELECTION**
Laurette Healey Sherman Oaks, CA 91411 Memo Reference: 63  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Director Pierce College		\$4,000.00	<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$48,000.00  DATE DUE	 RATE %  	\$4,000.00  10/10/2011 DATE INCURRED	CALENDAR YEAR \$48,000.00 PER ELECTION**
Laurette Healey Sherman Oaks, CA 91411 Memo Reference: 70  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Director Pierce College		\$8,000.00	<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$48,000.00  DATE DUE	 RATE %  	\$8,000.00  12/1/2011 DATE INCURRED	CALENDAR YEAR \$48,000.00 PER ELECTION**

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \$48,000.00  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \$0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) **Net** \$48,000.00  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 01/01/2011  
through 12/31/2011




CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
HEALEY FOR ASSEMBLY 2012

I.D. NUMBER  
1340636

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Laurette Healey Sherman Oaks, CA 91411 Memo Reference: 74    <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Director Pierce College		\$10,000.00	<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$48,000.00  DATE DUE	 RATE %  	\$10,000.00  9/25/2011 DATE INCURRED	CALENDAR YEAR \$48,000.00 PER ELECTION**
Laurette Healey Sherman Oaks, CA 91411 Memo Reference: 75    <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Director Pierce College		\$6,000.00	<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$48,000.00  DATE DUE	 RATE %  	\$6,000.00  11/10/2011 DATE INCURRED	CALENDAR YEAR \$48,000.00 PER ELECTION**
Laurette Healey Sherman Oaks, CA 91411 Memo Reference: 76    <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Director Pierce College		\$2,800.00	<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$48,000.00  DATE DUE	 RATE %  	\$2,800.00  12/25/2011 DATE INCURRED	CALENDAR YEAR \$48,000.00 PER ELECTION**

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 01/01/2011 through 12/31/2011	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
HEALEY FOR ASSEMBLY 2012

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Laurette Healey Sherman Oaks, CA 91411 Memo Reference: 77  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Director Pierce College		\$3,200.00	<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$48,000.00  DATE DUE	 RATE %  	\$3,200.00  12/10/2011 DATE INCURRED	CALENDAR YEAR \$48,000.00 PER ELECTION**
Laurette Healey Sherman Oaks, CA 91411 Memo Reference: 78  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Director Pierce College		\$3,000.00	<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$48,000.00  DATE DUE	 RATE %  	\$3,000.00  12/15/2011 DATE INCURRED	CALENDAR YEAR \$48,000.00 PER ELECTION**
Laurette Healey Sherman Oaks, CA 91411 Memo Reference: 79  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Director Pierce College		\$3,000.00	<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$48,000.00  DATE DUE	 RATE %  	\$3,000.00  11/22/2011 DATE INCURRED	CALENDAR YEAR \$48,000.00 PER ELECTION**
<b>SUBTOTALS</b>								
						\$48,000.00	\$432,000.00	

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>01/01/2011</u> through <u>12/31/2011</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
HEALEY FOR ASSEMBLY 2012

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
<b>SUBTOTAL</b>					Enter on Summary Page, Line 17 only.	

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2011</u> through <u>12/31/2011</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
HEALEY FOR ASSEMBLY 2012

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2011 - 11/30/2011	John Applegate West Hollywood, CA 90069 Memo Reference: 71	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consulting Applegate Consulting	Fundraising Consulting	\$3,375.00	\$3,375.00	
10/1/2011 - 12/1/2011	Thai Le North Hills, CA 91411 Memo Reference: 72	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner L&J Electronics	Wed and IT Consulting	\$3,900.00	\$3,900.00	
10/1/2011 - 12/1/2011	Elizabeth Hale Valley Glen, CA 91401 Memo Reference: 73	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Graphic Designer Elizabeth Hale	Graphic Design	\$3,900.00	\$3,900.00	
9/15/2011 - 12/31/2011	Marcia Davalos Sherman Oaks, CA 91411 Memo Reference: 80	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Non-Profit	Bookkeeping/Reporting	\$3,900.00	\$3,900.00	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$16,075.00

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.)..... \$16,075.00

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....

\$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL** \$16,075.00

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2011</u> through <u>12/31/2011</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
HEALEY FOR ASSEMBLY 2012

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2011 - 11/15/2011	Rich Rossi West Hollywood, CA 90069 Memo Reference: 81	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Eleven Restaurant	Fundraiser Expenses	\$1,000.00	\$1,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$16,075.00

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period

from 01/01/2011

through 12/31/2011

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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) .....
- Unitemized contributions and independent expenditures made this period of under \$100 .....
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** .....

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2011 through 12/31/2011		<b>CALIFORNIA FORM 460</b>  Page 26 of 53
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HEALEY FOR ASSEMBLY 2012

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Action Democrats Sherman Oaks, CA 91403 Memo Reference: 64	CVC		\$250.00
Committee ID: 922441 Mandate Media Portland, OR 97214 Memo Reference: 65	CNS	IT Services	\$400.00
Kimberly Ray Sherman Oaks, CA 91403	CNS		\$3,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$8,526.49
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL</b> \$8,526.49

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2011		
through 12/31/2011		Page 27 of 53
NAME OF FILER HEALEY FOR ASSEMBLY 2012		I.D. NUMBER 1340636

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kimberly Ray Sherman Oaks, CA 91403	CNS		\$1,000.00
Mandate Media Portland, OR 97214 Memo Reference: 68	WEB		\$376.49
Kimberly Ray Sherman Oaks, CA 91403	CNS		\$3,500.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$8,526.49

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 01/01/2011  
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1340636

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS**

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \_\_\_\_\_
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \_\_\_\_\_
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \_\_\_\_\_  
May be a negative number.

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 01/01/2011  
through 12/31/2011

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\***

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period

from 01/01/2011

through 12/31/2011

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1340636

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET**  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\* If Required

(May be a negative number)

# Schedule I Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period		<b>CALIFORNIA FORM 460</b>
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1340636

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$0.00

## Schedule I Summary

- |  |                     |
|--|---------------------|
| 1. Increases to cash of \$100 or more this period.....   | \$0.00              |
| 2. Unitemized increases to cash under \$100 this period. ....  | \$0.00              |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....                            | \$0.00              |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... | <b>TOTAL</b> \$0.00 |

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Memo Reference: 2

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Memo Reference: 3

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Memo Reference: 4

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